

# **Guidelines for Choosing a Medical Provider or Facility to Perform Child Abuse Evaluations Pursuant to Virginia Code Section 19.2-165.1**

Developed by the Forensic Medical Work Group – March 2004  
Department of Criminal Justice Services – Children's Justice Act Program

Section 19.2-165.1 of the Code of Virginia provides:

“All medical fees involved in the gathering of evidence for all criminal cases where medical evidence is necessary to establish a crime has occurred and for cases involving abuse of children under the age of 18 shall be paid by the Commonwealth out of the appropriation for criminal charges, provided that any medical evaluation, examination, or service rendered be performed by **a physician or facility specifically designated by the attorney for the Commonwealth** in the city or county having jurisdiction of such case for such a purpose.” (emphasis added)

This document was developed to provide guidance to Commonwealth's Attorneys regarding qualifications that they should seek in the professionals they designate to provide services to abused and neglected children and for whom they consequently approve for reimbursement with State funds. This document should not be construed to define or limit who can be qualified as an expert witness in a court of law.

The interest of justice and the welfare of the child can only be served if the professionals conducting these medical examinations are appropriately trained and qualified.

Virginia has a limited number of hospitals that respond to forensic medical needs of children. Additional hospitals around the state need to be identified as resources for child abuse cases in order to minimize the travel time and distance for children and families needing medical evaluation and care. In support of this concept, this document will provide objective information for child protective services, law enforcement and commonwealth's attorneys about identifying appropriate medical resources (nurses, physicians and facilities) for child abuse cases in Virginia.

## **I. Physicians and Nurse Practitioners**

A Physician or nurse practitioner<sup>1</sup> may be considered a “child abuse specialist” in all aspects of child abuse and neglect if:

1. The physician or nurse practitioner has sufficient subspecialty training in pediatric medicine, emergency medicine, pediatric gynecology, family practice, or obstetrics and gynecology with the evaluation of child abuse and neglect cases; and
2. The designated physician or nurse practitioner evaluates a minimum of 35 children per year who are suspected victims of physical abuse, sexual abuse and neglect, or has cumulative clinical experience exceeding 150 such cases; and
3. The physician or nurse practitioner must be able to demonstrate substantial experience in the specific subcategory of abuse about which he or she is consulting. (For example, if the specialist is being consulted about a traumatic head injury, the types of cases referred to in paragraph 2 above should also be head injury cases. Someone who does 35 sexual abuse cases per year would not be a “child abuse specialist” with respect to traumatic head injuries); and
4. A minimum of three of the following criteria are met:
  - (a) The designated physician or nurse practitioner holds a teaching or faculty position and/or provides training and workshops on child abuse and neglect related issues.
  - (b) The designated physician or nurse practitioner has published articles or research on child abuse and neglect topics.
  - (c) The designated physician or nurse practitioner holds committee membership in hospital or professional organizations on child abuse and neglect related issues.
  - (d) The designated physician or nurse practitioner works for, or is affiliated with, a Center of Excellence; and
5. The designated physician or nurse practitioner should regularly be available to testify on child abuse related cases; and
6. The designated physician or nurse practitioner will demonstrate ongoing continuing medical education hours or continuing education units (CEUs) on

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<sup>1</sup> A nurse practitioner is a registered nurse with advanced academic and clinical experience, which enables him or her to diagnose and manage most common and many chronic illnesses, either independently or as part of a health care team. A nurse practitioner provides care similar to that of a physician.

child abuse and neglect related issues and be current on the medical literature on child abuse.

## **II. Sexual Assault Nurse Examiners (SANE) and Forensic Nurse Examiners (FNE)**

In many jurisdictions it has become the standard that Sexual Assault Nurse Examiners (SANE) or Forensic Nurse Examiners (FNE) evaluate children who are suspected victims of sexual abuse. A SANE or FNE is a registered nurse<sup>2</sup>, R.N. who has advanced education in forensic evaluation of sexual assault victims.

A Sexual Abuse Nurse Examiner (SANE) or Forensic Nurse Examiner (FNE) may be considered a child abuse specialist **for sexual abuse cases** if:

1. The SANE/FNE has successfully completed didactic and clinical component of a Sexual Assault Nurse Examiner (adult/adolescent) training in accordance with International Association of Forensic Nurse's (IAFN) Training Guidelines prior to taking a Pediatric Forensic Nurse Training Seminar; and
2. The SANE/FNE has successfully completed the didactic and clinical components of a Pediatric Forensic Nurse Training Seminar in accordance with International Association of Forensic Nurse's (IAFN) Training Guidelines; and
3. The SANE/FNE evaluates a minimum of 35 prepubescent children per year who are suspected victims of sexual abuse or has cumulative clinical experience exceeding 150 such cases; and
4. The SANE/FNE is supervised by a medical director that meets the following criteria:
  - (a) Is a physician "child abuse specialist" as defined under paragraph I above; and
  - (b) Provides 100% peer review/medical record review; and
  - (c) Is readily available for consultation on cases; and
5. A minimum of three of the following criteria are met:
  - (a) The SANE/FNE provides training and workshops on child sexual abuse related issues.

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<sup>2</sup> A registered nurse is a licensed professional with a nursing degree. RNs are able to provide all levels of nursing care including the administration of medication. In contrast, Licensed practical nurses (LPNs), care for the sick, injured, convalescent, and disabled under the direction of physicians and registered nurses. Most LPNs provide basic bedside care.

- (b) The SANE/FNE has published articles or research on child sexual abuse topics.
  - (c) The SANE/FNE holds membership in hospital committee or professional organizations on child sexual abuse related issues.
  - (d) The SANE/FNE works for, or is affiliated with, a Center of Excellence; and
6. The SANE/FNE should regularly be available to testify on child sexual abuse related cases; and
  7. The SANE/FNE will demonstrate ongoing continuing medical education hours or continuing education units (CEUs) on child sexual abuse related issues and are current with the medical literature on child sexual abuse.

### **III. Forensic Medical “Centers of Excellence” for Child Abuse**

Just as hospitals set criteria for trauma centers, certain criteria should be considered for a forensic medical “center of excellence” for child abuse cases. The following criteria should be considered for a hospital to be considered a forensic child abuse center.

#### **A. Hospital or Facility Criteria:**

1. The hospital or facility supports pediatric forensic medical issues through demonstrated leadership and quality assurance; and
2. The hospital or facility has subspecialty support for a timely forensic medical response to child abuse; and
3. The hospital or facility must designate and support one or more physicians to be a “child abuse specialist” (*See section I*); and
4. The hospital or facility demonstrates a willingness share information and data and cooperate with other centers of excellence; and
5. The hospital or facility will have a cooperative agreement with local jurisdictions (Commonwealth’s attorneys, law enforcement and child protective services); and
6. The hospital or facility administers ongoing multidisciplinary peer review program of child abuse cases for quality improvement purposes.